

Septic Tank Permit Application
 Pierce County Community Development
 312 Nichols Street, Suite 3, Blackshear, GA 31516
 912.449.2037 912.449.2224 fax

HEALTH DEPARTMENT SERVICES

Subdivision: _____ Parcel: _____ Lot: _____
 Site Address: _____ City/Zip: _____
 Property Owner: _____
 Mail Address: _____ City/Zip: _____
 Contact Number: _____

 Applicant: _____
 Applicant Address: _____ City/Zip: _____
 Contact Number: _____
 Contractor: _____

New System \$110 <input type="checkbox"/> Repair/Replace \$110 <input type="checkbox"/> Existing System \$40 <input type="checkbox"/> Water Sample (Bacteria Only) \$40 <input type="checkbox"/>	<u>Water Supply</u> <input type="checkbox"/> Well <input type="checkbox"/> Public <input type="checkbox"/> Community
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STRUCTURE INFORMATION

Commercial <input type="checkbox"/>	Bedrooms _____
Site Built <input type="checkbox"/>	Bathrooms _____
Manufactured Home <input type="checkbox"/>	Jacuzzi/Spa <u>Yes / No</u> (Circle "No" for garden tubs or jet tubs)
<i>Size of Single Wide</i> _____	Garbage Disposal <u>Yes / No</u>
<i>Size of Double Wide</i> _____	
New Building <input type="checkbox"/> Existing Building <input type="checkbox"/>	
Lot Size: _____	

Directions: _____
 Remarks: _____

Owner/Applicant: Mark off corners of where the new structure will be built or placed.
 Corners of existing tank must be uncovered or flagged/staked/marked.
 Please complete where applicable. If return inspection is required due to non-completion a \$60 fee will be issued.
 Permit and letter from the Health Dept will be available at Code Office and will need to be signed before Building Permits are issued.

Applicant Signature: _____ Date: _____
 Inspection Approval: _____ Date: _____
 Health Department: Tony Sapp

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 For Office Use Only

ISSUED BY: _____ DATE: _____ PERMIT: _____
 FEE: _____